

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E		AMENDED	
1. File Number U - 2090		2. Fiscal Year Covered From: 1 / 31 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing. Name PETER WARD P.O. Box, Bldg., Room No., if any Street 709 EIGHTH AVENUE City NEW YORK State New York ZIP Code + 4 10036		4. Name, file number, and address of labor organization. Name HR & CE AND BU LOCAL 6, UNITE HERE Labor Organization File Number 028-501 P.O. Box, Building and Room Number, if any Street 709 Eighth Ave City NEW YORK State New York ZIP Code + 4 10036	
5. Position in labor organization. BUSINESS MANAGER			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Peter Ward</u>	On <u>08/11/2005</u> Date	<u>212-957-8000</u> Telephone Number

Name of Person Filing PETER WARD	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PRYOR CASHMAN SHERMAN & FLYNN LLP</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 410 PARK AVENUE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10022</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CLUB EMPLOYEES PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 709 EIGHTH AVENUE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10036</p>	<p>11.a. Nature of such dealing.</p> <p>SEE ATTACHMENT</p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>SEE ATTACHMENT</p> <hr/> <p>12.b. Amount. _____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing PETER WARD

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PRYOR CASHMAN SHERMAN & FLYNN LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 410 PARK AVENUE

City NEW YORK

State New York ZIP Code + 4 10022

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CLUB EMPLOYEES PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 709 EIGHTH AVENUE

City NEW YORK

State New York ZIP Code + 4 10036

11.a. Nature of such dealing.

PRYOR CASHMAN IS THE UNION'S OUTSIDE GENERAL COUSEL, LABOR RELATIONS COUNSEL AND GOVERNMENT RELATIONS COUNSEL. PRYOR CASHMAN IS THE UNION-DESIGNATED CO-COUNSEL TO THE BOARD OF TRUSTEES OF THE CLUB PENSION FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

HOLIDAY FOOD BASKET FOR THE CHRISTMAS/CHANUKAH HOLIDAYS.

12.b. Amount.

\$35

Name of Person Filing PETER WARD	File Number U-
----------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PRYOR CASHMAN SHERMAN & FLYNN LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 410 PARK AVENUE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10022</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CLUB EMPLOYEES PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 709 EIGHTH AVENUE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10036</p>	<p>11.a. Nature of such dealing.</p> <p>PRYOR CASHMAN IS UNION'S OUTSIDE GENERAL COUNSEL, LABOR RELATIONS COUNSEL AND GOVERNMENT RELATIONS COUNSEL. PRYOR CASHMAN IS THE UNION-DESIGNATED CO-COUNSEL TO THE BOARD OF TRUSTEES OF THE CLUB PENSION FUND.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>TICKET TO SPORTING EVENT</p> <p>12.b. Amount. \$73</p>

Name of Person Filing PETER WARD	File Number U-
---	-----------------------

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name AMALGAMATED BANK OF NY Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 15 UNION SQUARE City NEW YORK State New York ZIP Code + 4 10003	14.a. Nature of payment. TICKETS TO A SPORTING EVENT. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 30px; width: 100%; text-align: right;">\$250</div>

Name of Person Filing PETER WARD

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name AMALGAMATED BANK OF NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 UNION SQUARE

City NEW YORK

State New York ZIP Code + 4 10003

14.a. Nature of payment.

HOLIDAY GIFT - BLANKET

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

ATTACHMENT

11.a. Nature of Such Dealing

- I. Hotel, Restaurant & Club and Bartenders Union, Local 6, UNITE HERE, AFL- CIO ("Union")

Pryor Cashman is the Union's outside general counsel, labor relations counsel and government relations counsel. Vincent F. Pitta, Esq., who is a partner of Pryor Cashman, is the brother of my spouse, Debra Ward.

- II. Club Employees Pension Fund ("Fund")

Pryor Cashman is the Union-designated co-counsel to the Board of Trustees of the Fund. I am a member of the Fund's Board of Trustees. Vincent F. Pitta, Esq., who is a partner of Pryor Cashman, is the brother of my spouse, Debra Ward.

11.b. Appropriate Dollar Value Of Such Dealing

Hotel, Restaurant & Club and Bartenders Union, Local 6, UNITE HERE, AFL- CIO ("Union")

In connection with all legal and governmental matters in which the Union was represented by Pryor Cashman, the law firm was paid a total of (\$299,739.00) in 2004 by the Union.

Club Employees Pension Fund ("Fund")

In connection with all legal matters in which the Fund was represented by Pryor Cashman, the law firm was paid a total of (\$ 40,559.00) in 2004 by the Fund.

12.a. Nature Of Interest Held Or Income Received

In 2004, Vincent F. Pitta, Esq. and his wife Antoinette Pitta made gifts to each of my daughters (their nieces) Tina Ward (20 years old) and Nicole Ward (17 years old) in the amounts set forth below.

12.b. Amount

Ten Thousand (\$10,000.00) dollars gift to Tina Ward

Ten Thousand (\$10,000.00) dollars gift to Nicole Ward